Political Organization Notice of Section 527 Status

OMB No. 1545-1693

(July 2000)

For Paperwork Reduction Act Notice, see page 4.

Department of the Treasury Internal Revenue Service				
Part I General Information	n		Employer identification number	
1 Name of organization	ate Volunte	er Committee	Applied for	
2 Mailing address (P.O. Box or nu	mber, street, and room	or suite number)	0113700	
12275 Hum	nabird Stre	et NW	41-2063783	
City or town, state, and ZIP cod	e			
Coon Kapids,	MN 554	(8)		
3 E-mail address of organization foultray	ntn.org			
4a Name of custodian of records	, , , , , , , , , , , , , , , , , , ,	1b Custodian's address		
Jeff Hicken		2150 Third Ave	***************************************	
JAM HICKERT		Anoka, MN 5530		
5a Name of contact person		er o i i i i i i e delegado		
, .		122.75 Hummingbird St NW		
Leo Foley		Coon Rapids, M	N FEUUR	
	(15):CF	and drags shown above) Number street	and room or suite number	
C ***	n (if different from mailir	g address shown above). Number, street		
City or town, state, and ZIP cod				
Part II Purpose				
7 Describe the purpose of the org	anization	the Minnesota	Heta lengto	
10 3000 110	CREATION)	~ 3	

Part II List of All Related	l Entities (see instr	uctions)		
8a Name of related entity	8b Relationshi			
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CONCENTION IN				
I VANCIN II			Form 8871 (7-2000)	

Part IV List of All Officers, Pa Name	9b Title	Compensated Employees (see instructions) 9c Address
		13132 Osage St NW
Roger Johnson	Chair	
		Coon Rapids, MN 55448
Jeff Hicken	Treasure	2150 Third Ave
		Amora, MN 55303
Under penalties of perjury, I	declare that the organization nam	ed in Part I is to be treated as an organization described in section 527 of the Int accompanying schedules and statements, and to the best of my knowledge and b
it is true, correct, and compl	ete.	
How How	T. Foley	7/31/00
ign Signature of authorize		Date